|  |  |  |
| --- | --- | --- |
| **Introduction** | | |
| **All RADF funding recipients are required to complete and submit an Outcome Report to Council within eight weeks of their activity completion.**  **This outcome report template is for those undertaking professional/career development activities** eg: attendance at conferences and training workshops to develop your own skills, knowledge, or career.  Please attach support material that demonstrates the success of the project. e.g. weblinks, press clippings, event program, photographs, advertisements, and written responses to your project - where possible please supply a CD or USB of electronic versions of your support materials.  Please provide copies of receipts for payment of goods and services as evidence of expenditure in your Outcome Report. | | |
| **Activity Information** | | |
| **Activity/project name:** |  |
| **Applicant name:** |  |
| **Contact phone number:** |  |
| **Contact email:** |  |
| **Financial year funding approved:** |  |
| **RADF funding contribution:** | **$** |
| **Activity start date:** |  |
| **Activity completion date:** |  |
| **Postcodes or names of locations where you undertook activity:** |  |
| **Brief description of activity:**  (max. 100 words) |  |
| **Links to websites, images, video clips or other information that demonstrates project outcomes:**  (If you plan to send images as separate attachments, please include no more than three.) |  |

|  |  |
| --- | --- |
| **Outcomes** | |
| **Please rate the extent to which you agree or disagree with the following statements about your experience of the professional/career development activity you undertook.** | |
| **Statement** | **Select your response to each statement**  **from the following scale** |
| **I developed new skills and knowledge** | Strongly agree  Agree  Neutral  Disagree  Strongly disagree |
| **I explored new directions in my practice** | Strongly agree  Agree  Neutral  Disagree  Strongly disagree |
| **It took my career to the next level of professionalism** | Strongly agree  Agree  Neutral  Disagree  Strongly disagree |
| **I developed new industry networks** | Strongly agree  Agree  Neutral  Disagree  Strongly disagree |
| **I developed new audiences or markets** | Strongly agree  Agree  Neutral  Disagree  Strongly disagree |

|  |
| --- |
| **Reflections** |
| **What do you see as the top three outcomes for you from the activity?** (max. 150 words) |
|  |
|  |
|  |
|  |
|  |
| **What were your key learning’s or reflections from the activity that will inform your work in the future?** (max. 200 words) |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Financial Statement** | |
| **Please provide details in the table below of non-RADF funds contributed to the activity. This question relates to financial/cash contributions, not in-kind support.** | |
| **Other grants** (please itemise) | **Total amount** |
|  |  |
|  |  |
|  |  |
| **Sponsorship, fundraising and donations** (please itemise) | **Total amount** |
|  |  |
|  |  |
|  |  |
| **Do you have any unspent RADF money?**  Yes  No | |
| **If Yes - have you returned the unspent RADF money?** | |
| **Yes -** I have attached with this Outcome Report all documents relating to the return of unspent RADF money and copies of the documents outlining this transaction. | |
| **No** - Please contact your Council and inform them of the unspent RADF money. Remember that failure to do so may affect your future applications to the program. | |

|  |  |  |
| --- | --- | --- |
| **Declaration** | | |
| **Declaration by funding recipient:**   * **I certify that the funding I received was used for the approved purposes and on the terms and conditions set out in the grant/funding agreement.** * **I certify that to the best of my knowledge, information detailed in this report is true and correct.** * **I understand I may be asked to provide the Council with additional information on the funded activity.** * **I understand that the Council and RADF Committee may share this outcome report with Arts Queensland as an example of good practice.** | | |
| If you are under 18 years, your legal guardian must also sign this outcome report | | |
| **Signature:** |  | **Date:** |
| **Name in full:** | | |
| **Position in group or organisation:** (if relevant) | | |